

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 402

IN RE BEXTRA AND CELEBREX
 MARKETING SALES PRACTICES AND
 PRODUCT LIABILITY LITIGATION

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

American Medical Association, publisher of JAMA and the Archives of Internal Medicine
 515 N. State Street
 Chicago, IL 60610

NAME (Type or print)	
Joseph P. Thornton	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ Joseph P. Thornton	
FIRM	
American Medical Association	
STREET ADDRESS	
515 N. State Street	
CITY/STATE/ZIP	
Chicago, IL 60610	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
6191908	312-464-4609
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>